

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39620

FILED DEC 9 - 1957

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 4128

Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Missouri City, Mo.</b> TOWN		c. CITY <b>Missouri City</b> OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in-lb <b>years</b>	
3. NAME OF DECEASED (Type or print) <b>David</b> <i>First</i> <b>Edward</b> <i>Middle</i> <b>Crabtree</b> <i>Last</i>		4. DATE OF DEATH <b>Nov. 1, 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 23, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired section foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Clay County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George W. Crabtree</b>		14. MOTHER'S MAIDEN NAME <b>Virgiana Brasfield</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Gertrude Crabtree, Missouri City, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Emphysema</b> DUE TO (b) <b>Cardiac Decompensation</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>10 yr</b> <b>5 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>5271</b>		
20c. TIME OF INJURY Hour <b>11:45 p. m.</b> Month <b>Nov.</b> Day <b>1</b> Year <b>1957</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1948</b> to <b>Oct 3, 1957</b> and last saw him alive on <b>Oct 3, 1957</b> Death occurred at <b>11:45 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James S. Shilloughly MD.</b>	22b. ADDRESS <b>Liberty, Mo.</b>	22c. DATE SIGNED <b>11-1-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Missouri City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Missouri City, Mo.</b>
24. FUNERAL DIRECTOR <b>Tyler-Pasley Liberty, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>11-26-57</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	



DEC 10 1957

OCT 17 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John Parley*.....

Licensed Embalmer No. 430

P. O. Address *Liberty*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.